

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
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Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in Block 1 below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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21874 7590 08/23/2006

EDWARDS & ANGELL, LLP
P.O. BOX 55874
BOSTON, MA 02205

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

11/09/2006 FHETEK12 00000009 041105 10068150

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 30.00 DA

Kathleen M. Drury (Depositor's name)
Kathleen M. Drury (Signature)
November 7, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,150	02/06/2002	Akihiko Kuriyama	70840/56,950	7499

TITLE OF INVENTION: IMAGING DEVICE WITH SOLID OPTICAL MEMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HERNANDEZ, NELSON D	2622	348-335000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David G. Conlin
2 Steven M. Jensen
3 Edwards Angell Palmer & Dodge LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sharp Kabushiki Kaisha

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Steven M. Jensen*
Typed or printed name Steven M. Jensen

Date November 7, 2006

Registration No. 42,693

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket No. 56950 (70840)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: A. Kuriyama et al.

U.S. SERIAL NO: 10/068,150

EXAMINER: N. Hernandez

FILED: February 6, 2002

GROUP: 2622

FOR: IMAGING DEVICE WITH SOLID OPTICAL MEMBER

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on this date November 7, 2006 in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EV894059208US addressed to the: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Kathleen M. Drury
Kathleen M. Drury

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

These comments are submitted with payment of the issue fee and publication fee, and are based on the Examiner's statement of reasons for allowance as indicated on pages 2-3 of the Detailed Action accompanying the Notice of Allowance mailed on 08/23/2006.

Applicants object to and do not accept the stated reasons for allowance with regard to claim 11 to the extent that those reasons fail to correspond to the actual words of claim 11. For example, on page 3, second paragraph of the Detailed Action mailed on 08/23/2006, the indicated reasons for allowance appear to correspond to claim 2, instead of claim 11.

Entry and consideration of this response is respectfully requested. Please charge any fees that may be due in connection with this matter to Deposit Account 04-1105.

Respectfully submitted,

Date: November 7, 2006

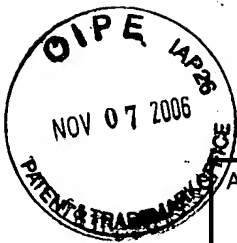
By: 

Steven M. Jensen
(Reg. No. 42,693)

Edwards Angell Palmer & Dodge
P.O. Box 55874
Boston, MA 02205

Phone: (617) 439-4444

Customer No. 21874



Application No. (if known): 10/068,150

Attorney Docket No.: 56950(70840)

Certificate of Express Mailing Under 37 CFR 1.10

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on November 7, 2006
Date

Kathleen M. Drury
Signature

Kathleen Drury

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444
Telephone Number

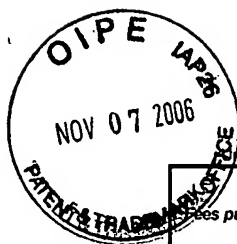
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Fee Transmittal (1 page)

PTOL-85 (1 page)

Comments on Statemnet of Reasons for Allowance (2 pages)

Charge \$1,730.00 to deposit account 04-1105



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/068,150-Conf. #7499
		Filing Date	February 6, 2002
		First Named Inventor	Akihiko Kuriyama
		Examiner Name	N. D. Hernandez
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2622
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	56950(70840)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
$\text{HP} - 20 = \text{ } \times \text{ } = \text{ }$						
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
$\text{HP} - 3 = \text{ } \times \text{ } = \text{ }$						
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
$\text{Total Sheets} - 100 = \text{ } / 50 \text{ (round up to a whole number)} \times \text{ } = \text{ }$				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1501 Utility issue fee	1,400.00
1504 Publication fee for early, voluntary, or normal ...	300.00
8001 Printed copy of patent w/o color	30.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,693
Name (Print/Type)	Steven M. Jensen	Telephone	(617) 439-4444
		Date	November 7, 2006